ABSTRACT OF THE DISCLOSURE

Potential chronic pain patients selection from a population such as an employer or medical care payer database are stratified according to risk using a method or computer software product to improve accuracy in stratifying potential chronic pain patients, decrease the time required to stratify potential chronic pain patient increasing opportunities for early intervention, stratifying selected potential chronic pain patients based upon preference of stakeholders, and many other benefits. Desired patient indicia including direct medical indicia, indirect medical indicia, and non-medical indicia are selected to serve as independent variables. At least one chronic pain indication is selected to serve as a dependent variable. A chronic pain risk model is created using the patient indicia and the chronic pain indication. The chronic pain risk model is applied to potential chronic pain patients that had been identified by from the population that conform to the chronic pain model. Many different embodiments of the chronic pain patient risk stratification system method and software product are possible.